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May, 1993

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

§1902(a)(10)(E)(i)
and §1905(p)(1) of
the Act

§3.2. Coordination of Medicaid with Medicare and Other Insurance(a) Premiums

(1) Medicare Part A and Part B

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of Attachment 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below:

☐ Group premium payment arrangement for Part A

☒ Buy-In agreement for

☐ Part A ☒ Part B

☐ The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

TN No. 95-16
Supersedes
TN No. 93-06

Approval Date 11-01-95 Effective Date 11-01-95

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(MB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation

1902(a)(10)(E)(ii)
and 1905(s) of the
Act

(ii) Qualified Disabled and Working
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in Attachment 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1905(s) of the Act

(iii) Specified Low-Income Medicare
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

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TN No.	<u>90-29</u>			HCFA ID:	7982E

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(MB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 431.625

(iv) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

- ☒ All individuals who are a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).
- ☐ Individuals receiving title II or Railroad Retirement benefits.
- ☐ Medically needy individuals (FFP is not available for this group).

§1902(a)(30) and
of 1905(a) the Act

(2) Other Health Insurance

- ☒ The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except those over 65 years of age and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

H.I.P.P. project

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(MB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

§1902(a)(30),
1902(n), 1905(a),
and 1916 of the
Act

(b) Deductibles/Coinsurance

(1) Medicare Part A and B

Supplement 2 to Attachment 4.19-B describes the methods and standards for establishing payment rates for services covered under Medicare, and/or the methodology for payment of Medicare deductible and coinsurance amounts, to the extent available for each of the following groups.

§1902(a)(10)(E)(i)
)
and 1905(p)(3) of
the Act

(i) Qualified Medicare Beneficiaries (QMBs)

The Medicaid agency pays Medicare Part A and Part B deductibles and coinsurance amounts for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.

1902(a)(10),
1902(a)(30), and
1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays Medicaid services also covered under Medicare and furnished to recipients entitled to Medicare (subject to any nominal Medicaid copayment). For services furnished to individuals who are described in §3.2(a)(1)(iv), payment is made as follows:

42 CFR 431.625

☐ For the entire range of services available under Medicare.

☐ Only for the amount, duration, and scope of services otherwise available under this plan.

§1902(a)(10),
1902(a)(30),
1905(a), and
1905(p)
of the Act

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for all services available under Medicare and pays for all Medicaid services furnished to individuals eligible both as QMBs and categorically or medically needy (subject to any nominal Medicaid copayment).

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(MB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

<u>Citation</u>	<u>Condition or Requirement</u>
1906 of the Act	<p>(c) <u>Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations</u></p> <p>The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.</p> <p>When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in §4.22(h).</p>
1902(a)(10)(F) of the Act	<p>(d) <input checked="" type="checkbox"/> The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.</p>

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